



Nebraska Change of Address Request for Individual Income Tax Use Only

FORM
22A

Social Security Number

Nebraska Identification Number

CURRENT NAME AND MAILING ADDRESS			NEW NAME AND MAILING ADDRESS		
First Name(s) and Initial(s)	Last Name		First Name(s) and Initial(s)	Last Name	
Home Address (Number and Street or Rural Route and Box Number)			Home Address (Number and Street or Rural Route and Box Number)		
City, Town, or Post Office	State	Zip Code	City, Town, or Post Office	State	Zip Code

Under penalties of law, I declare that I have examined this request, and to the best of my knowledge and belief, it is correct and complete.

sign
here

Duly Authorized Signature

Date

Phone Number

You may fax this request to (402) 471-5927, OR

Mail this request to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 98911, LINCOLN, NE 68509-8911**

PLEASE MAKE A COPY OF THIS FORM TO KEEP WITH YOUR RECORDS